OIPE OCI 17 2005 83

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AMEN	NDMENT T	ΓRANSMI	TTAL LE	TTER	1	cket No. 0-1928P
Applicatio	n No.	Filing	Date	Examiner		Art Unit
10/755,390-Cd	onf. #9970	January 1	3, 2004	H. N. Nguy	en	2834
plicant(s): Seu	ng-Do HAN et	al.				
ention: LINE S	TART RELUC	TANCE SYNC	HRONOUS N	MOTOR		
Amendment mmissioner for I D. Box 1450 xandria, VA 223	13-1450	ndment in the	above-identif	ied application		
ne fee has been						
			S AS AMENI			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	14	- 20 =	0	x		
ndependent Claims	1	- 3 =	0	х		
Multiple Depend	ent Claims (ch	eck if applicabl	le)			•
Other fee (pleas	e specify): E	extension for res	ponse within fi	rst month		120.00
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:			120.00
x Large Entity				Small Entity	/	
No additiona	I fee is require	d for this amer	ndment.	_		
	ge Deposit Acc			n the amount of \$		· · ·
X A check in th	e amount of \$	120.00	to cover	the filing fee is end	closed.	
Payment by	credit card. Fo	orm PTO-2038	<del></del>	•		
	is hereby auth		•	Deposit Account Nanclosed.	lo. <u>02-</u> 2	2448
x Credit ar	ny overpaymen	nt.				
∬x Charge√e	ny additional fif	ng or application	n processing t	ees required under	37 CFR 1.16	3 and 1.17.
Cum of the	Elly []			Dated:	October 17	7 2005
ames T. Eller, ttorney Reg. N				Dates	October 17	, 2000
BIRCH, STEWA		H & BIRCH, LI	LP			
Suite 100 East						

200

360

Fee Paid (\$)

**Multiple Dependent Claims** 

Fee (\$)

100

180

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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	Effective	on 12/08/20	0.4			Com	iplete if Know	<u>n</u>	
OIPE	Fees pursuant to the Consolidat			R. 4818).	Application Nun	nber	10/755,390-Co	nf. #997	0
4	FEE TRA	NSN	ILTTAL		Filing Date		January 13, 20	04	
OCT - 7 OUT	· -	_			First Named Inv	rentor	Seung-Do HAN	1	
1111 1 7 7000 1	For	FY 200	) <del>o</del>		Examiner Name		H. N. Nguyen		
THE THE PARTY OF T	Applicant claims small	entity status	See 37 CFR 1.27	' [	Art Unit		2834		
THAT THAT OF	TOTAL AMOUNT OF PAY	MENT	(\$) 120.00		Attorney Docket	No.	0630-1928P		
TO END	METHOD OF PAYMEN	T (check all	that apply)					i	
•	X Check Credit C	ard	Money Order	None	Other (	please iden	tify):		
	X Deposit Account Depo	sit Account Nur	mber: 02-2448 D	eposit Acco	unt Name:	Birch, Ste	ewart, Kolasch	& Birch,	LLP
-	For the above-ident	fied deposi	t account, the Di	rector is I	nereby authorize	ed to: (ched	ck all that apply)		
	Charge fee(s)	-					dicated below, ex	cept for	the filing fee
	Charge any ac	Iditional fee 37 CFR 1.10	e(s) or underpayr 6 and 1.17	ment of	x Credit	any overpa	ayments		
	FEE CALCULATION								
	1. BASIC FILING, SEARCH								
		FILI	NG FEES	SEA	RCH FEES	EXAMIN	NATION FEES		
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM FEES							Fee (\$)	Small Entit
	Fee Description Each claim over 20 (includi	ng Reissue	s)					50	25
	,		-,						

3. APPLICATION SIZ	E FEE			
		100 sheets of paper (excluding electronically filed :		
listings under 37	CFR 1.52(e)), the ap	plication size fee due is \$250 (\$125 for small entity	y) for each ad	Iditional 50
sheets or fraction	thereof. See 35 U.S	S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

ł	<u> I otal Sheets</u>	Extra Sneets		Number of each additional 50 or fraction thereof	ree (a)		ree raid (\$)
	100	=	/50	(round up to a whole number) x		= _	
	4. OTHER FEE(S)						Fees Paid (\$)
	Non-English Specif	fication. \$130 fe	e (no	small entity discount)			

Other (e.g., late filing surcharge): 1251 Extension for response within first month

SUBMITTED BY	V & AAA	1			
Signature	James 1. Elly,	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000
Name (Print/Type)	ames T. Eller, Jr.			Date	October 17, 2005

120.00

Each independent claim over 3 (including Reissues)

14 - 20 = 0 x \_\_\_

Extra Claims Fee (\$)

Extra Claims Fee (\$)

Multiple dependent claims

Total Claims

Indep. Claims